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Bib Data Sheet

CONFIRMATION NO. 8579

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/650,482	08/29/2000 RULE	707	3696	1135-18-PA-TD

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/158,261 10/07/1999  
 and claims benefit of 60/158,092 10/07/1999  
 and claims benefit of 60/158,214 10/07/1999  
 and claims benefit of 60/158,263 10/07/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/13/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 3
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**ADDRESS**  
 22145

**TITLE**  
 A PHARMACEUTICAL ADMINISTRATIVE SYSTEM FOR ORDERING AND RECEIVING PRESCRIBED MEDICATION

FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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10/7/05